PTO/SB/22 (10-07)
Approved for use through 10/31/2007. OMB 0651-0031
U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE pond to a collection of information unless if displays a valid OMB control number.

	THAP	Docket Number (Ontional)									
PETITION FO	OR EXTENSION OF TIME UNDER 3	Docket Number (Optional) 37998-237505									
(Fees pursua	FY 2006 nt to the Consolidated Appropriations Act,	37990	-237505								
Application No	umber 10/561,175-Conf.	Filed February 16, 2006									
For EPITOPE COMPOSITION FOR SUBLINGUAL, BUCCAL OR ENTERIC ADMINISTRATION PREPARED BY HYDROLYSIS OF ANTIGENIC STRUCTURES WITH CHYMOTRYPSIN											
Art Unit	1644		Examiner	S. X. Wen							
This is a reque application.	est under the provisions of 37 CFR 1.136	(a) to extend the peri	od for filing a reply in the	ne above identified							
The requested	extension and fee are as follows (check	time period desired a	and enter the appropria	ite fee below):							
		<u>Fee</u>	Small Entity Fee								
	one month (37 CFR 1.17(a)(1))	\$120	\$60	\$							
T	wo months (37 CFR 1.17(a)(2))	\$460	\$230	\$							
X T	hree months (37 CFR 1.17(a)(3))	\$1050	\$525	\$1,050.00							
F	our months (37 CFR 1.17(a)(4))	\$1640	\$820	\$							
F	ive months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$							
Applica	ant claims small entity status. See 37	CFR 1.27.									
A check in the amount of the fee is enclosed.											
$\vdash$											
	Payment by credit card. Form PTO-2038 is attached.										
	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
I am the	applicant/inventor.										
	assignee of record of the entire Statement under 37 CFR										
	x attorney or agent of record. Re	• •	55,887								
	attorney or agent under 37 CFF	R 1.34.									
.//	Registration number if a Registration	ınder 37 CFR 1.34		<del></del>							
	Mr L. Killer	January	y 25, 2008								
	Signature			Date							
<u>/</u>	Matthew E. Kelley			(202) 344-4000							
	Typed or printed name		Telepho	ne Number							
	tures of all the inventors or assignees of record of the ature is required, see below.	entire interest or their repre	esentative(s) are required. So	ibmit multiple forms if more							
Tota	l of 1 forms are sub-	mitted.									

01/28/2008 SZEWDIE1 03900092 220261 10561175 1050.00 DA 01 FC:1253

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Under the Paperwork R	eduction 1995	no on are required	o respond to a collection	on of information	on unless it display	s a valid OMB	control number			
Effe	Complete if Known									
Fees pursuant to the Conso				Conf. #1959						
	Filing Date	F	February 16, 2006							
Fo	First Named In		Frederic Henot							
	Examiner Name	Examiner Name S. X. Wen								
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	Art Unit 1644						
TOTAL AMOUNT OF PAYMENT (\$) 1,050.00			Attorney Docket	Attorney Docket No. 37998-237505						
METHOD OF PAYM	ENT (check all ti	hat apply)								
Check Cred	it Card M	1oney Order N	one Other	(please identify	y):					
x Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable										
For the above-io	dentified deposit a	account, the Director	is hereby authoriz	ed to: (chec	k all that apply)	)				
· —	e(s) indicated bel		<u> </u>	,	icated below, e		e filing fee			
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION										
1. BASIC FILING, SEAF		INATION FEES								
I DAGIO I ILINO, GLAI	•		EARCH FEES	FXAMIN	ATION FEES	:				
		Small Entity	<b>Small Entity</b>		Small Entity					
Application Type	Fee (\$)	Fee (\$) Fee		Fee (\$)	Fee (\$)	Fees P	aid (\$)			
Utility	310	155 51		210	105					
Design	210	105 10		130	65					
Plant	210	105 31	) 155	160	80					
Reissue	310	155 51	255	620	310					
Provisional	210	105	0	0	0					
2. EXCESS CLAIM FEE	5	Small Entity								
Fee Description	<u>Fee (\$)</u> 50	<u>Fee (\$)</u>								
Each claim over 20 (including Reissues)							25			
Each independent claim over 3 (including Reissues)							105			
Multiple dependent clai	ms					370	185			
Total Claims Ex	tra Claims F		Paid (\$)	<u>Mu</u>	<u>iltiple Depend</u>					
- =	x	=		<u>Fe</u>	e (\$)	Fee Paid (\$)	t			
HP = highest number of tota		_	D-14 (A)		<del></del>					
<u>indep. Claims</u> <u>Ex</u>	tra Claims F	ee (\$) Fee	Paid (\$)							
HP = highest number of inde		for, if greater than 3.								
3. APPLICATION SIZE	FEE									
If the specification and	drawings excee									
listings under 37 Cl	FR 1.52(e)), the a	application size fee	lue is \$260 (\$130	for small en	itity) for each a	dditional 50				
sheets or fraction th			, ,							
<u>Total Sheets</u> - 100 =	Extra Sheets		additional 50 or fra (round up to a who	-		Fee P	Paid (\$)			
4. OTHER FEE(S)	- 	Daid (E)								
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,050.00										
SUBMITTED BY										
Signature //	The E	· Kelly	Registration No. (Attorney/Agent)	55,887	Telephone	(202) 344	-4000			
Name (Print/Type) Matthe	ew E. Kellev	1	<del>,</del>		Date	January 25	5. 2008			